



PARTICIPANT RELEASE FORM 2017

RETURN WITH YOUR BALANCE DUE AT LEAST 3 WEEKS PRIOR TO ARRIVAL. (Keep a copy for your records.)

Entered _____
Scanned _____

This form must be filled out annually in order to participate in Sky Ranch programs. Please type or print. Fill out one form for each camper attending. Return with your balance due within 3 weeks prior to arrival.

Mail to: Sky Ranch Lutheran Camp 805 S Shields St Fort Collins, CO 80521

Fax to: 970-493-7960

If you have any questions filling out this form, please email us (info@SkyRanchColorado.org) or call our office (970-493-5258)

Camper Name: _____ Date of Birth: _____ Age: _____ Gender: _____

Address: _____ City: _____ ST: _____ Zipcode: _____

Church: _____ Grade Complete (As of June 1, 2017): _____

PARENT OR GUARDIAN INFORMATION: (Adult participants do not need to complete this section.)

Guardian Name: _____ Email: _____

Address: _____ City: _____ ST: _____ Zipcode: _____

Home Phone: () _____ Work Phone: () _____ Cell Phone: () _____

Employer: _____ Address: _____

ALTERNATIVE EMERGENCY CONTACT INFORMATION: (Someone different from above.)

Contact Name: _____ Relationship: _____

Address: _____ City: _____ ST: _____ Zipcode: _____

Home Phone: () _____ Work Phone: () _____ Cell Phone: () _____

PERSONS AUTHORIZED TO TRANSPORT CHILD: Either Parent Mother Only Father Only Pastor / Youth Director

To specify unauthorized individuals, contact our office directly. Name: _____ Home Phone: () _____

I hereby release Sky Ranch Lutheran Camp, its agents, members, and employees, from all liability for any accident, injury or claim arising from the camper named above's use of any of it's facilities, or participation in any of it's programs.

In case of emergency, I understand every effort will be made to contact me and the authorized persons named above. I understand our congregational contact will handle primary medical response. In the event we cannot be reached, I give my permission to camp officials to provide for the camper named above any medical or surgical care. I understand that Lutheran Ranches of the Rockies (dba Sky Ranch Lutheran Camp) does not carry health/accident insurance on its campers and I will accept the expense of emergency medical or surgical treatment through personal insurance or personal resources.

Sky Ranch Lutheran Camp may use, for promotional purposes, any photographs & video taken of the camper named above.

I give permission for the camper named above to go on Sky ranch Lutheran Camp staff supervised trips away from camp premises, whether on foot or by vehicle.

I give permission for the camper named above to participate in all appropriate elements of the High & Low Ropes challenge course. I understand that campers who have completed grade six and older can participate in high challenge elements, but that low challenge activities are available with age appropriate activities for all ages.

I give permission for the camper named above to participate in all camp activities with the following exceptions:

X

(Signature of Parent, Guardian or Adult Participant)

(Date)

I understand and agree to abide by any restrictions placed on my participation in camp activities. I agree to abide by all policies regarding personal conduct. If I do not cooperate, or become a hindrance to the camp program, I understand I will be sent home.

X

(Signature of Camper)

(Date)

Last :

First :

Week :

Program :

Church :

